Exhibit H

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1
         UNITED STATES DISTRICT COURT
    SOUTHERN DISTRICT OF WEST VIRGINIA
3
                 AT CHARLESTON
    IN RE: ETHICON, INC., PELVIC
   REPAIR SYSTEM PRODUCTS
5
                                  Master File No.
                                   2:12-MD-02327
                                  MDL 2327
6 LIABILITY LITIGATION
             _____ JOSEPH R. GOODWIN
    GAVIE & KENNETH BEARD,
                            U.S. DISTRICT JUDGE
       Plaintiffs,
8
9
                                   Case No.
   v.
                                   2:12-CV-02025
10
11 ETHICON, INC., ET AL.
       Defendants.
12
13
          VIDEOTAPED DEPOSITION OF
14
             ROBERT LYNN HOLLEY, M.D.
15
16
                MAY 16, 2016
17
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                 10:20 a.m.
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- 1 you saw Ms. Beard was the most common treatment for
- 2 stress urinary incontinence?
- 3 A. Retropubic midurethral slings by far.
- 4 Q. And what about transobturator slings,
- 5 were those also helping create --
- A. They came out in 2003, I believe, is the
- 7 first transobturator sling.
- 8 Q. And if you saw Ms. Beard in 2012, in
- 9 that time frame, would there have been a good
- 10 amount of usage of the transobturator, the TVT
- 11 sling and data on that, if you know?
- 12 A. A considerable amount of usage on both
- 13 of them.
- 14 Q. Did you personally, Doctor, ever spend
- time learning about and use the TVT-0?
- 16 A. We did. We preferred the retropubic
- 17 sling for several reasons. Number one, because we
- 18 had much more experience with that than with the
- 19 transobturator. The other reason is there is
- 20 compelling evidence in the literature for women who
- 21 had a more severe type stress incontinence called
- 22 intrinsic sphincter deficiency. The trials
- comparing the two types of slings showed that the
- 24 -- when I say TVT, I just mean retropubic slings in

- 1 general, never mind what kit -- but that the
- 2 retropubic sling was more effective for women who
- 3 had intrinsic sphincter deficiency than the
- 4 transobturator. Because of the referral center a
- 5 lot of our patients had the more severe variety of
- 6 stress incontinence. So, again, we tended to use
- 7 more of the retropubic slings.
- 8 We found the retropubic sling was easier
- 9 to teach than the transobturator. Again, a
- 10 technical, technical thing. But still we use the
- 11 transobturator slings for various indications. For
- instance, if you had a morbidly obese woman, it's
- 13 easier to do the transobturator than it is the
- 14 retropubic because they had so much adipose tissue
- in the suprapubic area -- the trochar, you can't
- 16 qet the trochar through the skin. But you can
- oftentimes do a transobturator in those patients.
- 18 Q. Doctor, thank you for setting the ground
- 19 work. You're welcome to refer to your records in
- 20 front of you. I'm also going to try to facilitate
- things a little bit. I'll show you what we've
- 22 marked -- we're going to mark as Defendants'
- 23 Exhibit 3.
- Doctor, before we move completely off of